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Protection of Health by Increasing the health Literacy of Pupils

R1 – COUNTRY ANALYSIS NATIONAL REPORT LITHUANIA

Partner organisation: Inovaciju tinklas

Erasmus+ - KA220 – Cooperation partnerships in school education
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1. SURVEY AMONG PUPILS

1.1 Introduction

The main goal of PHILIP project – Protection of Health by Increasing the Health Literacy of Pupils is to contribute to increase the health literacy levels of pupils between the age of 11-15 and to empower teachers and educators through health literacy raising awareness/ education activities and the creation of educational, interactive, and innovative materials in this area. It is a two-year project, and it has started in February 2022. The PHILIP project is funded by the Erasmus+ Program, KA220-SCH- Cooperation partnerships in school education, by the European Commission, in a partnership between six European countries.

The purpose of the project will be fulfilled through targeted activities primarily to pupils of the 2nd grade of primary schools, using the transfer of good practices, recommendations, and innovative teaching methods, and further through the implementation of educational and awareness-raising activities, contributing to the increase in consciousness of health protection as a human right.

The main objective of the first Project Result is to carry out detailed specific research in each partner country including the following activities:

1. Quantitative research among pupils 11-15 years old aimed at identifying the situation of health literacy level among pupils in each partner country.
2. Qualitative research involving relevant stakeholders aimed at analyzing the state of art concerning health literacy among children as well as the potential and restrictions to increasing it.
3. Country research report including the main results of both research at national level.

1.2 Questionnaires data analysis

In line with the PHILIP project, the Italian partner, as leader of the Project result No 1 activity, elaborated a questionnaire in English language to be applied to at least 30 pupils from each partner country.

The goal of the questionnaire was to investigate the level of health literacy of pupils in terms of knowledge and understanding of health issues and identify the health-related skills and competencies needed to protect their own and other's health chances. After finished, the questionnaire was sent to all partners to be translated into their respective native languages. Innovation Network translated the questionnaire into the Lithuanian language.

In order to survey children, contact was established with Slienava primary school which is located in the Kaunas district, Lithuania. The questionnaires were applied throughout September and October 2022.



The following report is a detailed analysis of the data collected among 52 pupils in Lithuania. The survey was carried out by pupils of Slienava primary school which is located in the Kaunas district.

Inovaciju tinklas informed the participants that all the data were collected confidentially, which means that at no time will the researchers of the project, who will carry out the analysis of the results, be able to relate the name of the participants or any personal data with the provided answers. They were also informed that the collected data going to be stored in a secure digital space provided by the project partners and only the members will have access to the anonymous data of the questionnaire was carried out in an online format, through Google Forms. First and foremost, it is necessary to point out that the analysis of these responses included all the results of the students involved. As a result, our data is based on at least 52 individual responses. Teachers/educators have been instructed to check all questions are answered.

The first three questions were intended to collect data on children's age, gender, and education level. To the first question of the survey, "What would you say is your sex/gender?", figure 1 shows that 28 participants the female gender (54 %), 23 participants the male gender (44%), and 1 participant (2 %) choose the "prefer not to answer" option.

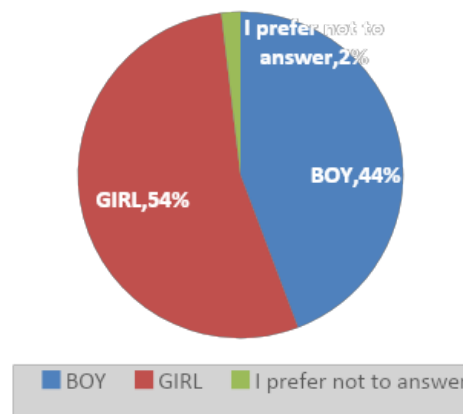


Figure 1. Gender of the participants

The next question showed that 52 children aged between 11 and 15 completed the questionnaire. Figure 2 shows that the highest number of pupils who completed the questionnaire was aged 11. Meanwhile, the lowest number of respondents was 14 years old.



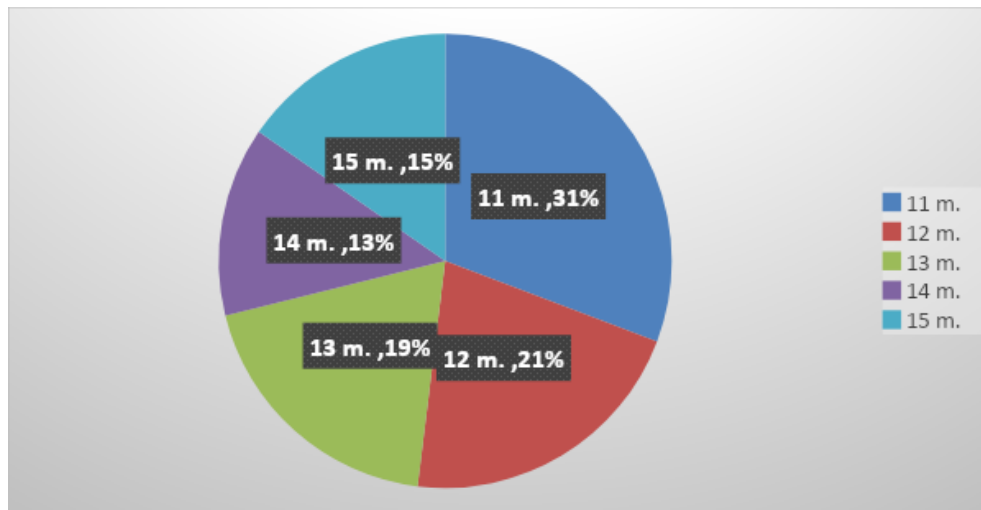


Figure 2. Age of the participants

The third question was intended to make sure which class the students attend. The answer can be seen according to figure 3. The students from 11 to 15 years of age, who study in grades 4-9 according to the Lithuanian education system, participated in this survey. The majority of respondents were from 5 class (26,8%) with the 13 participants. The lowest number of participants came from the grade 4 class (1.9%) and grade 7 (9.5%).

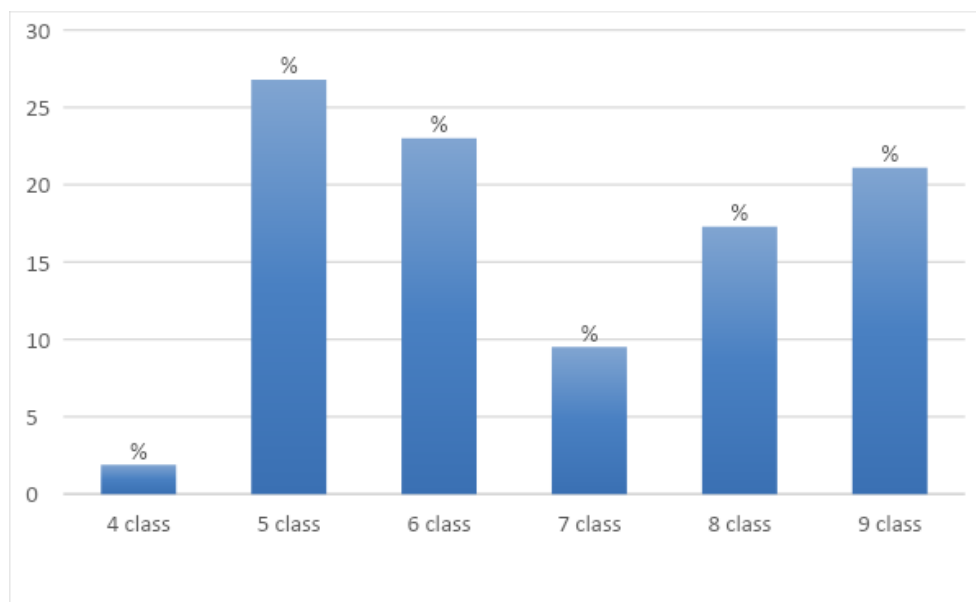


Figure 3 Education level of the participants according to the Lithuanian Education System

Question 4 was asked from the following options (Table 4), to choose the one that best describes the student's opinion. From the table, we can assume that most of the students (26 respondents) chose the answer "somewhat true" that are confident to have good information





about health. Also, most of the students (22) chose the answer “somewhat true” that they can easily give examples of things that promote health. The majority of respondents (21 respondents) said that they could follow the instructions given by healthcare staff (doctors). Many students (21 participants) also mentioned that they look for health-related information on the internet or social media. Taking into account the statements at the bottom and students' answers from the table show that students still lack information and they are not fully confident in their knowledge about health literacy.

Table 1 – Data Corresponding to knowledge, access, and dissemination of health information

| | Not at all true | Not quite true | Somewhat true | Absolutely true |
|--|-----------------|-----------------|-----------------|-----------------|
| 1. I'm confident to have good information about health | 2 participants | 5 participants | 26 participants | 19 participants |
| 2. I can easily give examples of things that promote health | 1 participants | 15 participants | 22 participants | 14 participants |
| 3. I can follow the instructions given to me by healthcare personnel (e.g., doctor) | 1 participants | 13 participants | 18 participants | 21 participants |
| 4. When necessary, I find health-related information that is easy for me to understand | 2 participants | 11 participants | 27 participants | 12 participants |
| 5. I happen to look for health-related information on the Internet or on social media | 7 participants | 10 participants | 15 participants | 21 participants |
| 6. When I do not find satisfactory answers on health-related information, I ask my parents or friends. | 4 participants | 7 participants | 21 participants | 20 participants |
| 7. I am able to compare health-related information from different sources | 4 participants | 11 participants | 24 participants | 13 participants |
| 8. I can usually figure out if some health-related information is right or wrong | 5 participants | 10 participants | 25 participants | 12 participants |
| 9. I can judge how my behavior affects my health | 5 participants | 4 participants | 27 participants | 17 participants |



| | | | | |
|---|----------------|-----------------|-----------------|-----------------|
| 10. I am able to explain the choices I make regarding my health | 4 participants | 10 participants | 23 participants | 10 participants |
| 11. When necessary, I am able to give ideas on how to improve health in the context I live in (e.g., family, friends, classmates) | 4 participants | 7 participants | 25 participants | 16 participants |
| 12. I can judge how my own actions affect the surrounding natural environment | 3 participants | 10 participants | 27 participants | 12 participants |

To the question, “Does your school pay enough attention to the basics of a healthy lifestyle?”, the chart below (figure 4) shows that the majority of pupils feel that the school pays enough attention to both physical activity and nutrition, prevention of alcohol consumption, drug use, bullying and cyberbullying. We can conclude that the vast majority of pupils have a positive view of

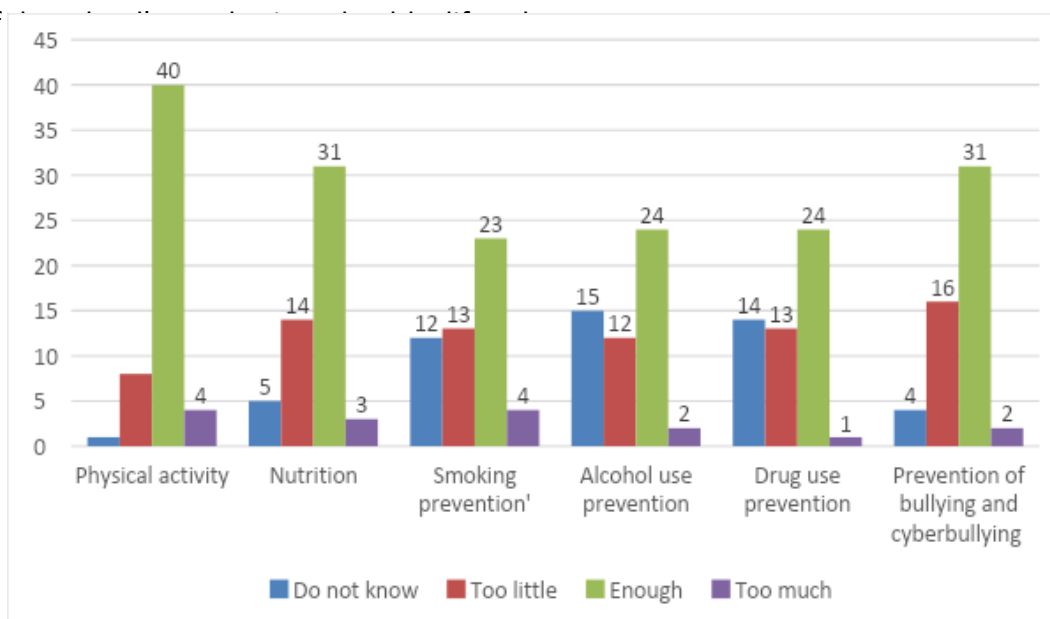


Figure 4 School focus on healthy lifestyle

The sixth question of the survey was asked whether the school organizes health promotion events. From the chart, we can see that 50% of respondents say they don't know and 17% say that no. This shows that there is a lack of health promotion events for pupils in Šlienava Primary School, as many, even half of the pupils who responded, do not know about them. 19% answered yes to the previous question, yes, they have organized events at school more than once.



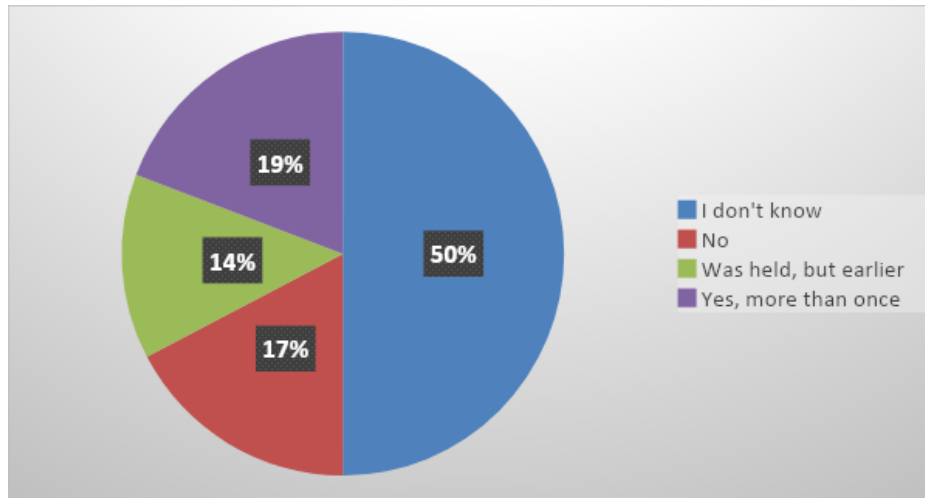


Figure 5 Schoolchildren's health promotion

So, question 7 was, if yes, which of the following themes are the focus of the school events. The majority of respondents said that the most common events organized at school related to physical activity (46%), alcohol, smoking and drug use (12%) and other events (28%).

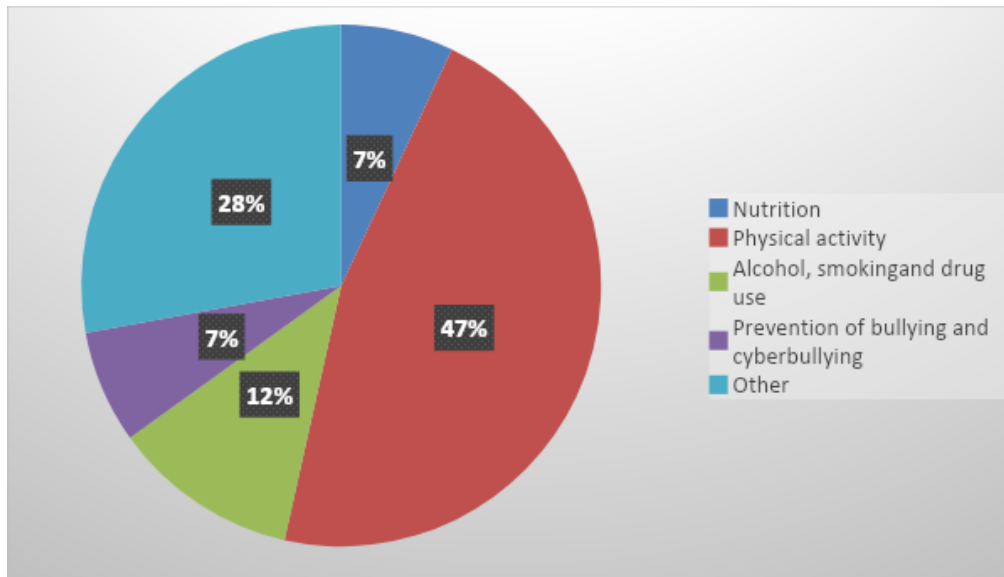


Figure 6 School focus on the events

1.3 Summary/conclusions

Summarizing the questionnaire results, it can be said that the lack of school events about health literacy. It is very important that schools will be supporting the development of health literacy belongs especially in schools and all education institutions, which are the most equipped to improve the current situation by including the topic in education programs, and health promotion events.

Based on the results of the table (Table 1), it can be said that, based on the statements at the bottom and the student's responses, the table shows that students still lack information and are not fully confident about their knowledge of health literacy. It also suggests that the impact of digitization and digital transformation on health and society is exposing schools and the education sector as a whole to new challenges and risks. The use of digital communication technologies, in particular the internet, social media, smartphones, and apps, provides almost unlimited access to health information. Health information is spreading rapidly and has become part of everyday life, resulting in too much true and false information, which is spreading rapidly through the internet and digital communication channels, making it difficult for children to critically distinguish between true and false information.

The impact of digitization means that it is not always easy to know what information is available and whether it is reliable, for example in the case of online information searches.



2 INTERVIEWS WITH RELEVANT STAKEHOLDERS

The main goal of the PHILIP project is to contribute to increasing the health literacy levels of pupils aged between 11 to 15 through the development of learning modules targeted to the needs of the children and adolescents which are aimed at helping teachers tackle the content of health literacy properly at school.

Based on the World Health Organization glossary, the Health Literacy comprises “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”¹.

The objectives of this activity are:

- to analyze the state of the art regarding health literacy among children including the pupils level of familiarity, challenges they face with health-related information, who is responsible for the delivery of health promotion and education, etc;
- to gather the most relevant perspectives and views on the issue of student health literacy from professionals working with children at both health and educational levels;
- to identify existing health-related initiatives in school curricula.

2.1 In-depth interviews

In the line of the PHILIP project, TUCEP, as the leader of the PR1, elaborated an in-depth interview in English (annex 3) to be applied to at least 3 relevant stakeholders per each partner country.

These stakeholders are professionals that address or encounter the effects of insufficient education of children in the field of health literacy such as pediatricians, educators, school psychologists, pedagogical psychological counseling centers, and other representatives of the health sector.

The interview was sent to all partners to be translated into their native languages. Innovation Network translated the questionnaire into the Lithuanian language. In order to survey interview participants, we contacted Slienava primary school teachers. To be able to reach the target group effectively, the application of the questionnaires was carried out in an online format, through Google forms. The participants were invited to participate from September – October 2022.

All participants were informed that some data was going to be collected, such as professional field and current occupation. All the data were collected confidential.

Table 2. Questions of interview

1





| |
|--|
| 1. Name and surname |
| 2. Professional field |
| 3. Current occupation (specify your role and how long have been doing it) |
| 4. What is the level of familiarity with health-related information of children and adolescents you work/have worked with? |
| 5. Based on your experience, what is the attitude of children/adolescents towards the health-related information? |
| 6. What are the challenges children/adolescents face when finding health information? Do you believe the pandemic has affected these challenges? |
| 7. Do you think the digitalization can affect on the children health literacy? |
| 8. What is the sector responsible for delivery of children/adolescents health promotion and education? Please also specify which professionals should be involved. |
| 9. Are there initiatives for health education among pupils? If yes, please provide the following information per initiative: (responsible organization, activity description (objectives, results and activities carried out), ages of pupils/ grades, time allocated, involves experts leading the initiative) |
| 10. If there you have any other relevant information concerning this topic not mentioned above, please use this space to explain it. |

3 professionals from Šlienava Primary School were interviewed. The interview questions were answered by two teachers with 12 years of experience and a special educator with 1,5 years of experience. Professional field: education, pedagogy.

In response to the question to what extent you are familiar with the child and adolescent health information with which you work/have worked, the answers were as follows:

Participant 1 answer: The participant is as familiar with what the situation requires, e.g. after the quarantine, he was more interested in emotional and mental health, now she is most interested in the impact of smart devices on children and adolescents.

Participant 2 answer: Familiar with health-related information as a class teacher.





Participant 3 answer: The participant attended a lecture on sexual education. in spite of this, the participant is interested in health information on this own.

Regarding to question 5, Based on your experience, what is the attitude of children/adolescents toward health-related information? respondents answered:

Participant 1 answer: Individual students have a detailed interest

Participant 2 answer: Very different, depending on the student's personal maturity.

Participant 3 answer: Children are shy about talking about health.

To question 6, What are the challenges children/adolescents face when finding health information?- had the following responses:

Participant 1 answer: With too much information, the inability to think critically.

Participant 2 answer: It's hard to distinguish, I don't know.

Participant 3 answer: The most common sources of health information are friends, adult, and the internet

To the question 7, “do you think the digitalization can affect on the children health literacy?” - had the following responses:

Participant 1 answer: I have no opinion.

Participant 2 answer: Yes.

Participant 3 answer: Perhaps.

Regarding to question 8, “What is the sector responsible for delivery of children/adolescents health promotion and education?” Please also specify which professionals should be involved.

Participant 1 answer: In my opinion, it's primarily the family, class teachers, subject teachers, health professionals at school.

Participant 2 answer: Everyone working with young people

Participant 3 answer: The health professional should provide information on the topic, as well as organize various lectures.

To the question, 9 “Are there initiatives for health education among pupils? If yes, please provide the following information per initiative: (responsible organization, activity description (objectives, results and activities carried out), ages of pupils/ grades, time allocated, involves experts leading the inniative).”

Participant 1 answer: In the last school year, the Children's Healthy Lifestyle Academy project. The responsible organization is Public Benefit Society for Health.

Participant 2 answer: Not yet this year.

Participant 3 answer: No answer.



2.2 Summary/conclusions

The interviews show that respondents are most interested in healthy lifestyles themselves, and in many cases this is also dependent on the current situation as far as the situation requires.

According to the respondents, the attitudes of children - adolescents towards health information are different. One of the respondents also states that children are shy when it comes to talking about health issues. This shows that children lack information on health literacy and that this issue needs to be addressed in schools as soon as possible. Schools are attended by almost all children of school age and therefore provide an ideal environment for improving health literacy.

According to the respondents, the challenges students face when searching for health information include the overload of information, the inability to critically evaluate and process information.

When asked about the sector responsible for promoting and promoting children's/adolescents' health, respondents felt that this sector included: the family, school class teachers, subject teachers, health professionals and all others who work with children and young people.

In question 9, on the question of whether there are health promotion initiatives for pupils, one respondent answered that last year the school had a project called 'Children's Healthy Lifestyle Academy', organized by the NGO 'Healthy'. This project covered the following topics: the basics of healthy eating, the choice of foods, the principles of healthy cooking, the analysis of eating disorders, the prevention of chronic diseases and obesity through the practical application of the principles of a healthy lifestyle, and the practical application of label analysis.

According to the scientific literature, one of the main reasons for the lack of healthy lifestyle initiatives in schools is that there is a persistent belief that health literacy and health promotion take time away from teaching basic subjects such as mathematics or reading.

Health literacy must be seen as an important component of 21st century school education WHO Europe region and beyond. Improving health literacy will contribute to the overall health of schools, including the physical, mental and digital health of school-age children and education professionals. Health literacy will have an impact on learning outcomes and achievement, academic competences, critical and students will become strong individuals and ethically and socially responsible citizens. Health literacy education in schools will also contribute to reducing health inequalities in society.



3. MAIN CONCLUSIONS

1. The results of the pupil questionnaire survey show that children and adolescents must be addressed in order to achieve sustainable development, societal growth and improved health literacy. Health literacy is an important determinant of health and the reduction of health inequalities and should be given early consideration by schools should start thinking about better health literacy and knowledge. A health literacy questionnaire for schoolchildren showed, that students find it most difficult to search for digital health information, i.e. to evaluate online the credibility of online health information and to use the health information they find online in their daily lives.

2. Health literacy plays a key role in school education to improve the physical and mental health of pupils and educators. Teachers are key players and facilitators of health literacy education at school and in the classroom. Teachers, school principals and school staff who have received training in health literacy are better equipped to teach health literacy in the classroom and in extra-curricular activities and to promote health to promote health and health literacy in the school environment. They should be considered as important actors in any implementation of health-related actions in schools. However, from the respondents interviewed, it can be assumed that the respondents who answered the questionnaire are mostly self-learners in health literacy. This suggests that no dedicated time is being devoted to health literacy in schools through the use of digital technologies or virtual learning environments and the development of learning materials, methods and didactics. The one of the respondents says that children are shy when it comes to talking about health issues. This shows that children lack information on health literacy and that this issue needs to be addressed in schools as soon as possible.





ANNEX 1 (ENGLISH LANGUAGE)

PHILIP – Protection of Health by Increasing the Health Literacy of Pupils

Questionnaire for Survey addressed to Pupils

The main goal of the PHILIP project is to contribute to increasing the health literacy levels of pupils aged between 11 to 15 through the development of learning modules targeted to the needs of the children and adolescents which are aimed at helping teachers tackle the content of health literacy properly at school.

Based on the World Health Organization glossary, the Health Literacy comprises “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”².

The objective of this questionnaire is to investigate the level of health literacy of pupils in terms of knowledge and understanding of health issues and identify the health-related skills and competencies needed to protect their own and others’ health chances.

The survey respondents’ identity will remain strictly CONFIDENTIAL. All data collected for this research project will be stored in a secure digital space provided by the project partners. Only members of the research team at the **[local partner]** and the partner organizations will have access to the anonymous questionnaire data.

Elements of this survey were adapted from the research “Health Literacy for School-Aged Children” conducted by Olli Paakkari and Leena Paakkari, Faculty of Sport and Health Sciences, University of Jyväskylä, Finland.

1. What would you say is your sex/gender:

- Boy
- Girl
- I prefer not to answer

2. What is your age:

- 11
- 12

² Nutbeam D., WHO Collaborating Center for Health Promotion, *Health Promotion Glossary*, 1998





- 13
- 14
- 15

3. Which class are you attending?

.....

4. From the following options, choose the one that best describes your opinion:

| | Not at all true | Not quite true | Somewhat true | Absolutely true |
|---|-----------------|----------------|---------------|-----------------|
| 13. I'm confident to have good information about health | | | | |
| 14. I can easily give examples of things that promote health | | | | |
| 15. I can follow the instructions given to me by healthcare personnel (e.g., doctor) | | | | |
| 16. When necessary, I find health-related information that is easy for me to understand | | | | |
| 17. I happen to look for health-related information on the Internet or on social media | | | | |
| 18. When I do not find satisfactory answers on health-related information, I ask my parents or friends. | | | | |
| 19. I am able to compare health-related information from different sources | | | | |





| | | | | |
|---|--|--|--|--|
| 20. I can usually figure out if some health-related information is right or wrong | | | | |
| 21. I can judge how my behavior affects my health | | | | |
| 22. I am able to explain the choices I make regarding my health | | | | |
| 23. When necessary, I am able to give ideas on how to improve health in the context I live in (e.g., family, friends, classmates) | | | | |
| 24. I can judge how my own actions affect the surrounding natural environment | | | | |

5. Does your school pay enough attention to the basics of a healthy lifestyle? Please, give us your opinion on the following items:

| | Do not know | Too little | Enough | Too much |
|---|-------------|------------|--------|----------|
| 1. Physical activity | | | | |
| 2. Nutrition | | | | |
| 3. Smoking prevention | | | | |
| 4. Alcohol use prevention | | | | |
| 5. Drug use prevention | | | | |
| 6. Prevention of bullying and cyberbullying | | | | |

6. Has the school held events for schoolchildren's health promotion in the current school year?

I do not know





- No
- Was held, but earlier
- Was held once
- Yes, more than once

If yes, which of the following topics did the school events focus on?

- Nutrition
- Physical activity
- Alcohol, smoking and drug use
- Prevention of bullying and cyberbullying
- Other.....





ANNEX 2 (LITHUANIAN LANGUAGE)

PHILIP - Sveikatos apsauga didinant mokinių sveikatos raštingumą

Mokiniam skirtas apklausos klausimynas

Pagrindinis PHILIP projekto tikslas - prisidėti prie 11-15 metų amžiaus mokinių sveikatos raštingumo lygio didinimo, kuriant į vaikų ir paauglių poreikius orientuotus mokymosi modulius, kuriais siekiama padėti mokytojams tinkamai spręsti sveikatos raštingumo turinio klausimus mokykloje.

Remiantis Pasaulio sveikatos organizacijos žodyne, sveikatos raštingumas apima „kognityvinius ir socialinius įgūdžius, kurie lemia asmenų motyvaciją ir gebėjimą gauti, suprasti ir naudoti informaciją taip, kad būtų skatinama ir palaikoma gera sveikata“.

Šio klausimyno tikslas - ištirti mokinių sveikatos raštingumo lygį, t. y. žinias ir supratimą apie sveikatos problemas, ir nustatyti su sveikata susijusius įgūdžius ir kompetencijas, kurių reikia savo ir kitų sveikatos galimybėms apsaugoti.

Apklausos respondentų tapatybė išliks griežtai KONFIDENCIALI. Visi šiam tyrimo projektui surinkti duomenys bus saugomi projekto partnerių suteiktoje saugioje skaitmeninėje erdvėje. Prieigą prie anoniminių klausimyno duomenų turės tik VŠĮ Inovacijų tinklo ir partnerių organizacijų tyrėjų grupės nariai.

Šios apklausos elementai buvo adaptuoti iš tyrimo „Mokyklinio amžiaus vaikų sveikatos raštingumas“, kurį atliko Olli Paakkari ir Leena Paakkari, Jyvaskylos universiteto Sporto ir sveikatos mokslų fakultetas, Suomija.

1. Kokia yra jūsų lytis:

- Berniukas
- Mergaitė
- Nenoriu atsakyti

2. Koks Jūsų amžius:

- 11
- 12
- 13
- 14
- 15





3. Kurią klasę lankote?

.....

4. Iš toliau pateiktų variantų pasirinkite tą, kuris geriausiai apibūdina jūsų nuomonę:

| | Visiškai netiesa | Ne visai tiesa | Šiek tiek tiesa | Visiškai tiesa |
|--|------------------|----------------|-----------------|----------------|
| 1. Esu įsitikinęs, kad turiu geros informacijos apie sveikatą | | | | |
| 0. Galiu lengvai pateikti sveikatą stiprinančių dalykų pavyzdžių | | | | |
| 0. Gebu vykdyti sveikatos priežiūros personalo (pvz., gydytojo) nurodymus. | | | | |
| 0. Kai reikia, randu lengvai suprantamą su sveikata susijusią informaciją. | | | | |
| 0. Su sveikata susijusios informacijos ieškau internete arba socialinėje žiniasklaidoje | | | | |
| 0. Kai nerandu tinkamų atsakymų apie su sveikata susijusią informaciją, klašiu tėvų arba draugų | | | | |
| 0. Gebu palyginti su sveikata susijusią informaciją iš skirtingų šaltinių | | | | |
| 0. Paprastai galiu suprasti, ar tam tikra su sveikata susijusi informacija yra teisinga, ar klaidinga | | | | |
| 0. Galiu įvertinti, kaip mano elgesys veikia mano sveikatą | | | | |
| 0. Gebu paaiškinti savo pasirinkimus, susijusius su sveikata | | | | |
| 0. Kai reikia, gebu pateikti idėjų, kaip pagerinti sveikatą aplinkoje, kurioje gyvenu (pvz., šeimai, draugams, klasės draugams). | | | | |





| | | | | |
|---|--|--|--|--|
| 0. Gebu įvertinti, kaip mano veiksmai veikia supančią gamtinę aplinką | | | | |
|---|--|--|--|--|

5. Ar jūsų mokykloje skiriama pakankamai dėmesio sveikos gyvensenos pagrindams? Išsakykite savo nuomonę apie šiuos dalykus:

| | Nežinau | Per mažai | Pakankamai | Per daug |
|---|---------|-----------|------------|----------|
| 1. Fizinis aktyvumas | | | | |
| 0. Mityba | | | | |
| 0. Rūkymo prevencija | | | | |
| 0. Alkoholio vartojimo prevencija | | | | |
| 0. Narkotikų vartojimo prevencija | | | | |
| 0. Patyčių ir elektroninių patyčių prevencija | | | | |

6. Ar šiais mokslo metais mokykla organizavo sveikatos stiprinimo renginius moksleiviams?

- Nežinau
- Ne
- Buvo organizuota, bet anksčiau
- Buvo surengtą vieną kartą
- Taip, daugiau nei vieną kartą

Jei taip, kurioms iš toliau išvardytų temų buvo skirti mokyklos renginiai?

- Mityba
- Fizinis aktyvumas
- Alkoholio, rūkymo ir narkotikų vartojimas
- Patyčių ir elektroninių patyčių prevencija
- Kita.....

ANNEX 2 (ENGLISH LANGUAGE)



PHILIP – Protection of Health by Increasing the Health Literacy of Pupils

In-depth interview template

The main goal of the PHILIP project is to contribute to increasing the health literacy levels of pupils aged between 11 to 15 through the development of learning modules targeted to the needs of the children and adolescents which are aimed at helping teachers tackle the content of health literacy properly at school.

Based on the World Health Organization glossary, the Health Literacy comprises “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”³.

The objectives of this activity are:

- to analyse the state of the art regarding health literacy among children including the pupils level of familiarity, challenges they face with health-related information, who is responsible for the delivery of health promotion and education, etc..
- to gather the most relevant perspectives and views on the issue of student health literacy from professionals working with children at both health and educational levels
- to identify existing health-related initiatives in school curricula.

The interview respondents’ data will remain strictly CONFIDENTIAL and will be stored in a secure digital space provided by the project partners.

| | |
|---|--|
| Name and surname | |
| Professional field | |
| Current occupation (specify your role and how long have been doing it) | |
| What is the level of familiarity with health-related information of children and adolescents you | |

³ Nutbeam D., WHO Collaborating Center for Health Promotion, *Health Promotion Glossary*, 1998





| | |
|---|--|
| work/have worked with? | |
| Based on your experience, what is the attitude of children/adolescents towards the health-related information? | |
| What are the challenges children/adolescents face when finding health information? Do you believe the pandemic has affected these challenges? | |
| Do you think the digitalization can affect on the children health literacy? | |
| What is the sector responsible for delivery of children/adolescents health promotion and education? Please also specify which professionals should be involved. | |
| Are there initiatives for health education among pupils? | |
| If yes, please provide the following information per initiative: <i>(add rows if you have more than one initiative to report)</i> | |
| Responsible organisation | |





| | |
|--|--|
| Activity description (objectives, results and activities carried out) | |
| Age of pupils/grades | |
| Time allocated | |
| Involved experts leading the initiative | |

If there you have any other relevant information concerning this topic not mentioned above,
please use this space to explain it:





ANNEX 2 (LITHUANIAN LANGUAGE)

PHILIP - Sveikatos apsauga didinant mokinių sveikatos raštingumą

INTERVIU APKLAUSA

PHILIP projekto tikslas - prisidėti prie 11-15 metų amžiaus mokinių sveikatos raštingumo lygio didinimo, kuriant vaikų ir paauglių poreikius atitinkančius mokymo modulius, kuriais siekiama padėti mokytojams mokykloje tinkamai perteikti sveikatos raštingumo turinį.

Pasaulio sveikatos organizacijos teigimu, sveikatos raštingumas apima "kognityvinius ir socialinius įgūdžius, kurie lemia asmenų motyvaciją ir gebėjimą gauti, suprasti ir naudoti informaciją taip, kad būtų skatinama ir palaikoma gera sveikata".

Šio interviu tikslai:

1. išanalizuoti vaikų sveikatos raštingumo būklę, įskaitant mokinių sveikatos žinių lygį, problemas, su kuriomis jie susiduria skaitydami su sveikata susijusią informaciją, kas yra atsakingas už sveikatos stiprinimą ir ugdymą ir kt.
2. surinkti svarbiausius požiūrius ir nuomones apie mokinių sveikatos raštingumą iš specialistų, dirbančių su vaikais tiek sveikatos, tiek švietimo lygmenimis.
3. nustatyti esamas su sveikata susijusias iniciatyvas mokyklų mokymo programose.

Respondentų duomenys išliks griežtai KONFIDENCIALŪS ir bus saugomi saugioje skaitmeninėje erdvėje, kurią suteiks projekto partneriai.

| | |
|--|--|
| Jūsų vardas ir pavardė | |
| Profesinė sritis | |
| Dabartinė profesija: (nurodykite savo pareigas ir kiek laiko jose esate) | |
| Kokiu lygiu esate susipažinę su informacija apie vaikų ir paauglių sveikatą, su kuria dirbate / dirbote? | |





| | |
|---|--|
| Remdamiesi savo patirtimi, pasakykite, koks yra vaikų / paauglių požiūris į su sveikata susijusią informaciją. | |
| Su kokiais iššūkiais susiduria vaikai ir (arba) paaugliai, ieškodami informacijos apie sveikatą? Ar manote, kad pandemija turėjo įtakos šiems iššūkiams? | |
| Ar manote, kad skaitmeninimas gali turėti įtakos vaikų sveikatos raštingumui? | |
| Koks sektorius yra atsakingas už vaikų ir (arba) paauglių sveikatos stiprinimą ir ugdymą? Taip pat nurodykite, kokie specialistai turėtų tame dalyvauti ir būti įtraukti. | |
| Ar yra sveikatos ugdymo iniciatyvų mokiniams? | |
| (Jei taip, pateikite sekančiuose klausimuose informaciją apie kiekvieną iniciatyvą). | |
| Atsakinga organizacija | |
| Veiklos aprašymas (tikslai, rezultatai ir vykdyta veikla): | |





| | |
|-------------------------------------|--|
| Mokinių / klasių amžius | |
| Skiriamas laikas | |
| Iniciatyvai vadovaujantys ekspertai | |

Jei turite kokios nors kitos svarbios informacijos, susijusios su šia tema, kuri nepaminėta pirmiau, pasinaudokite šia vieta ir ją paaiškinkite:

